

Commonwealth of Kentucky
Cabinet for Health Services
Department for Medicaid Services

A.		BCCTP Eligibility		
1.	Yes/No	Do you live in Kentucky?	Yes - Go on to #2.	No - Stop. You are not eligible for BCCTP.
2.	Yes/No	Are you a U.S. Citizen or qualified alien?	Yes - Go on to #3.	No - Stop. You are not eligible for BCCTP.
3.	Yes/No	Do you have health insurance coverage that does cover your breast or cervical cancer medical expenses?	Yes – Stop. You are not eligible for BCCTP	No – Go on to # 4.
4.	Yes/No	Have you been screened through the KY Women’s Cancer Screening Program and found to have breast or cervical cancer, which needs treatment?	Yes - You are potentially eligible for BCCTP. Go on to Section B.	No - Stop. You are not eligible for BCCTP.
B.		Medicaid eligibility		
1.	Yes/No	Are you pregnant?	Yes - Go to #1a.	No - Go on to # 2.
1a.	Yes/No	Is the total amount of money your family gets monthly (before taxes) less than the pregnant woman scale? Amount is \$ _____. Family size is _____.	Yes – Stop. You cannot get BCCTP because you are Medicaid eligible.	No - Go on to # 2.
2.	Yes/No	Do you have any children under 18 years old?	Yes - Go to #2a.	No - Stop. You are eligible for BCCTP.
2a.	Yes/No	If child is deprived of a parent’s support due to death, divorce, birth out of wedlock, incarceration, single-parent adoption, etc.?	Yes - Go to #2b.	No - Stop. You are eligible for BCCTP.
2b.	Yes/No	Is the total amount of money your family gets monthly (before taxes) less than the family scale? Amount is \$ _____. Family size is _____.	Yes – Go to #2c.	No - Stop. You are eligible for BCCTP.
2c.	Yes/No	Are your resources less than the family resource limits? Amount is \$ _____. Family size is _____.	Yes - Stop. You cannot get BCCTP because you are Medicaid eligible.	No - Stop. You are eligible for BCCTP.
3.	Yes/No	Did you receive SSI benefits previously, but lost them Because of new or increased Social Security benefits?	Yes – Stop. You may be eligible for Pass Through Medicaid.	No – Stop. You are eligible for BCCTP.
3a.	Yes/No	A your resources less than \$2,000 (for 1 person) or \$3,000 (for you and your spouse)?	Yes – Stop. You may be eligible for Pass Through Medicaid.	No – Stop. You are eligible for BCCTP.

Applicant’s Signature _____

DPH Staff Signature _____

Date _____